

Change in Plumbing Contractor Representation
Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

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Fee: \$30.00

Authority: 2002 PA 733 Completion: Mandatory Penalty: Licensee may not receive license renewal application	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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THIS FORM IS FOR MASTER PLUMBERS SEEKING TO REPRESENT ANOTHER PLUMBING CONTRACTOR

Section 23(5) of 2002 PA 733 states, "If a master plumber representing a plumbing contractor ceases to represent the plumbing contractor, the master plumber shall notify the department in writing within **30 days after the representation ceases.**"

Section 39 of 2002 PA 733 states, "An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties."

Instructions:

- Complete and sign application. Type or print in ink.
- **Return your current contractor pocket and wall license with this application. Retain a copy of this application and a copy of your current plumbing contractor license until new licenses are issued.**
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application, required documents and payment to the address listed above.

Master Plumber Information

NAME (Last, First, Middle)		BUSINESS NAME		MASTER PLUMBER LICENSE NUMBER 81 -	
HOME ADDRESS				TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	COUNTY		

Old Plumbing Contractor Representation

NAME (Last, First, Middle)		BUSINESS NAME		PLUMBING CONTRACTOR LICENSE NUMBER 80 -	
BUSINESS ADDRESS				TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	COUNTY		
SIGNATURE OF PAST PLUMBING CONTRACTOR				DATE	

New Plumbing Contractor Representation

NAME (Last, First, Middle)		BUSINESS NAME		PLUMBING CONTRACTOR LICENSE NUMBER 80 -	
BUSINESS ADDRESS				TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	COUNTY		
SIGNATURE OF PENDING PLUMBING CONTRACTOR				DATE	

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge.	
SIGNATURE OF MASTER PLUMBER	DATE